

# Q - Generic - Gad7 Anxiety

Record ID

Questionnaire - Metadata

Session ID

Questionnaire Started At

Questionnaire Completed At

Questionnaire Duration (seconds)

Over the last two weeks, how often have you been bothered by the following problems?

|                                                     | Not at all            | Several days          | More than half the days | Nearly every day      |
|-----------------------------------------------------|-----------------------|-----------------------|-------------------------|-----------------------|
| Feeling nervous, anxious, or on edge.               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| Not being able to stop or control worrying.         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| Worrying too much about different things.           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| Trouble relaxing.                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| Being so restless that it is hard to sit still.     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| Becoming easily annoyed or irritable.               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| Feeling afraid, as if something awful might happen. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |

How difficult have they made it for you to do your work, take care of things at home, or get along with other people?

☐ Not difficult at all  
☐ Somewhat difficult  
☐ Very difficult  
☐ Extremely difficult